



2017

# A Highly Unusual Case of Metastatic Pancreatic Adenocarcinoma

Zachary Koehn

*Western Michigan University Homer Stryker M.D. School of Medicine*

Lauren Piper

*Western Michigan University Homer Stryker M.D. School of Medicine*

Follow this and additional works at: [http://scholarworks.wmich.edu/medicine\\_research\\_day](http://scholarworks.wmich.edu/medicine_research_day)



Part of the [Family Medicine Commons](#), and the [Life Sciences Commons](#)

## WMU ScholarWorks Citation

Koehn, Zachary and Piper, Lauren, "A Highly Unusual Case of Metastatic Pancreatic Adenocarcinoma" (2017). *Research Day*. 14.  
[http://scholarworks.wmich.edu/medicine\\_research\\_day/14](http://scholarworks.wmich.edu/medicine_research_day/14)

This Abstract is brought to you for free and open access by the WMU Homer Stryker M.D. School of Medicine at ScholarWorks at WMU. It has been accepted for inclusion in Research Day by an authorized administrator of ScholarWorks at WMU. For more information, please contact [maira.bundza@wmich.edu](mailto:maira.bundza@wmich.edu).





# A Highly Unusual Case of Metastatic Pancreatic Adenocarcinoma

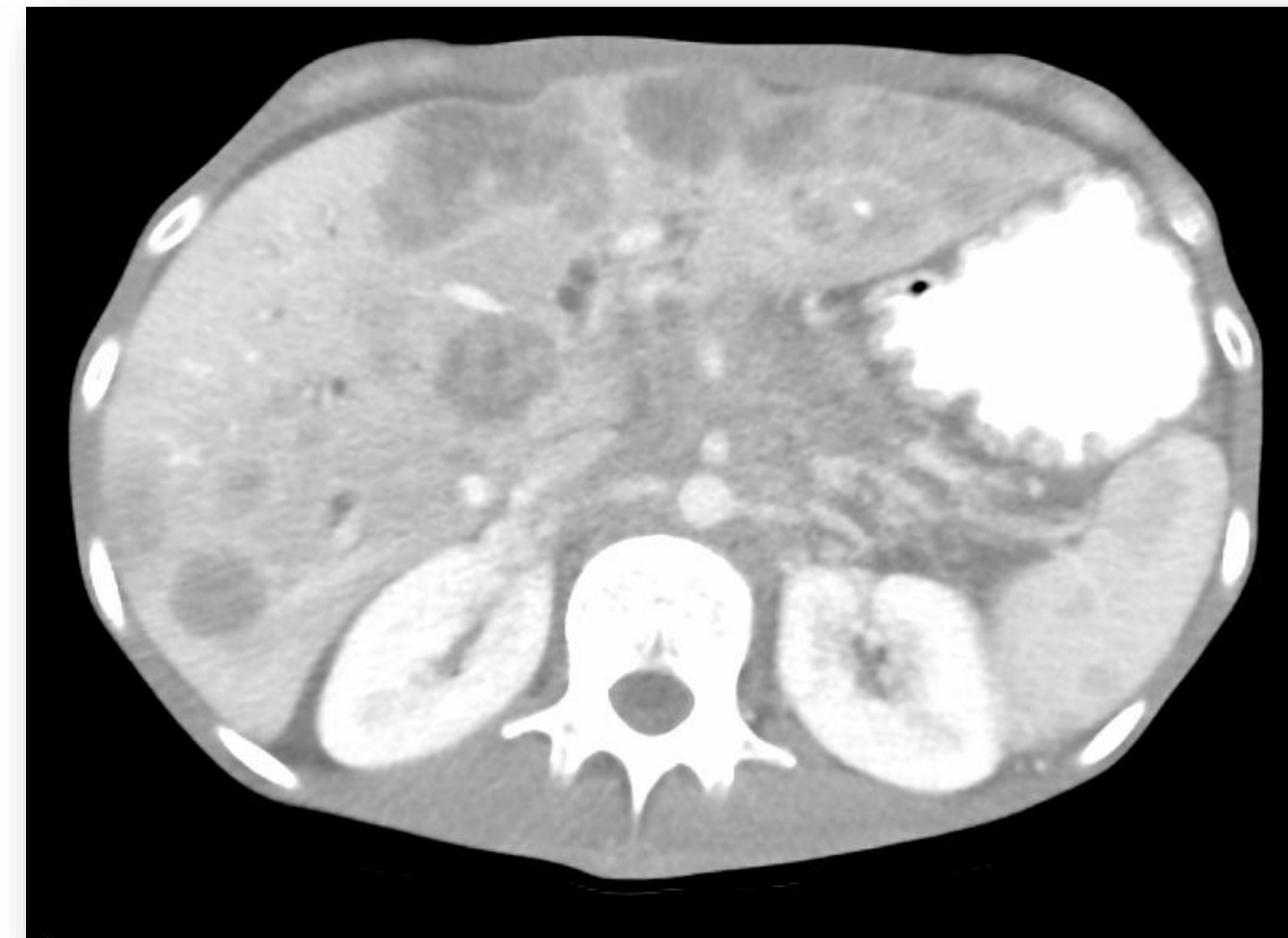
Zachary A. Koehn, D.O.; Lauren S. Piper, D.O.

## Introduction

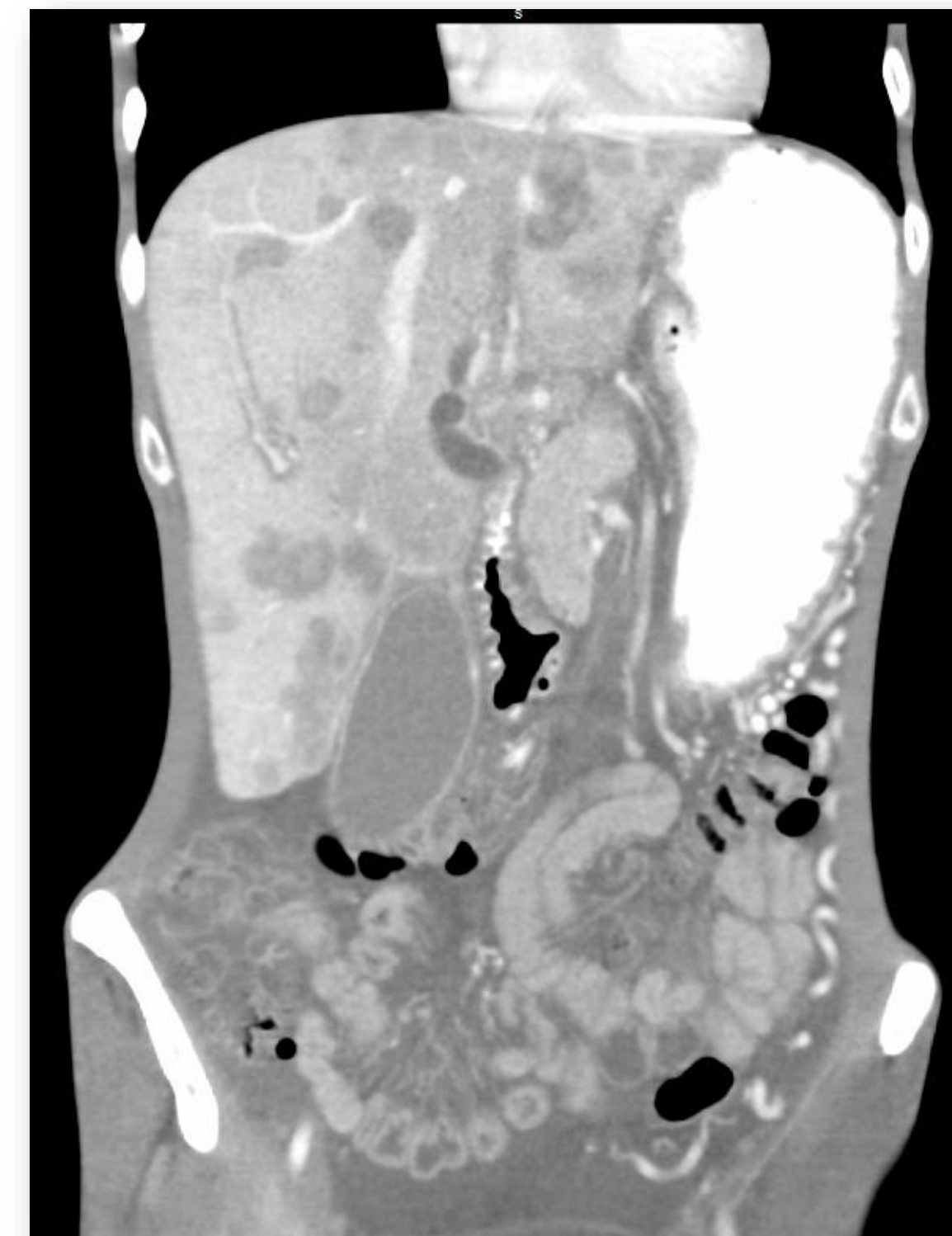
Pancreatic cancer is a rare malignancy, with nearly a 100% mortality rate. The average lifetime risk of developing it is about 1.5%. The strongest risk factor for pancreatic cancer is advanced age; the median age of diagnosis is 70. Here we discuss a case of pancreatic cancer in a 32 year-old woman.

## Case Report

S.R. is a 32 year old female presenting with new-onset jaundice. Two months prior to presentation, she reported vomiting and LUQ pain, and was found to have *H. pylori* infection. She completed treatment with triple therapy and her nausea resolved. However, over the next two months she developed early satiety, leading to a 35 lb weight loss. Over the last week she noticed yellowing of her skin, RUQ pain, and clay-colored diarrhea. Her past medical history is negative except for a 10-pack-year smoking history. Exam revealed a cachectic, jaundiced woman with hepatomegaly and scleral icterus. Pertinent labs are shown in Table 1. Abdominal CT showed ill-defined margins to the pancreatic body and tail, as well as innumerable hypodense lesions throughout the liver and distended gallbladder (Figures 1 and 2). Interventional radiology performed a liver biopsy, which was consistent with CA19-9-positive metastatic pancreatic adenocarcinoma. She started palliative chemotherapy and died four weeks later.



**Figure 1:** Axial CT image of abdomen, with numerous hypodense lesions in liver. Ill-defined pancreatic margins.



**Figure 2:** Coronal CT image of abdomen, demonstrating liver lesions and gallbladder distension.

**Table 1: Lab Findings**

AST	129	Total Bilirubin	18.3
ALT	191	WBC	14.3
ALP	1102	Urobilinogen	4.0

## Discussion

This case was noteworthy given the patient's young age and apparent lack of risk factors. The incidence of pancreatic cancer in patients under 40 is unknown, but considered highly unusual in the literature. Because of its rarity, younger patients are often diagnosed at more advanced stages with lower survival rates. The strongest known risk factors for developing pancreatic adenocarcinoma include diabetes, smoking, obesity, advanced age, and family history of pancreatic cancer. Smokers have almost a twofold increased risk compared with nonsmokers, and risk increases with cumulative exposure. Additionally, *Helicobacter pylori*, a proven bacterial carcinogen, has been linked in some studies to pancreatic cancer. In a Finnish study of male smokers, participants who tested positive for CagA *H. pylori* strains were twice as likely to develop pancreatic cancer compared to their seronegative counterparts. Our patient's only risk factors were her smoking history and *H. pylori* infection. Therefore, one should consider pancreatic cancer even in younger patients with classic symptoms and known risk factors. Moreover, further investigation is needed to help identify those at risk of developing pancreatic cancer at a young age.

## References

- Ilic, M et al. "Epidemiology of Pancreatic Cancer." *World J Gastroenterology*. 2016 Nov 28;22(44):9694-9705
- Fogel, EL et al. "A Multidisciplinary Approach to Pancreas Cancer in 2016: A Review." *Am J Gastroenterology*. 2017 Apr; 112(4): 537-554
- Venerito, M et al. "Helicobacter and Gastrointestinal Malignancies." *Helicobacter*. 2015 Sept 20. 36-39
- Yeo, TP et al. "Demographics, Epidemiology, and Inheritance of Pancreatic Ductal Adenocarcinoma." *Semin Oncol*. 2015 Feb. 8-18.